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T-195 P.002 F-680

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AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 020296
In Re Application of: Clifton E. Scott
Serial Number: 10/718,279
Filed: November 19, 2003
Examiner: Ryan A. Dare
Group Art Unit: 2186

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

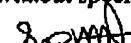
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	32	23	9	x \$50 =	\$450
Independent**	7	5	2	x \$200 =	\$400
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$360	\$
		<input type="checkbox"/> One Month		\$120	\$
EXTENSION FEES		<input type="checkbox"/> Two Months		\$450	\$
		<input checked="" type="checkbox"/> Three Months		\$1020	\$1020
				\$130	\$
				TOTAL FEE	\$1870

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. Fee check in the amount of \$ _____ is enclosed to pay for any claim and/or extension fees.
 5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1,870.00.
 The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
 6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: May 17, 2006

Signature: Sandip (Micky) S. Minhas, Reg. No. 44,945
858-651-4908

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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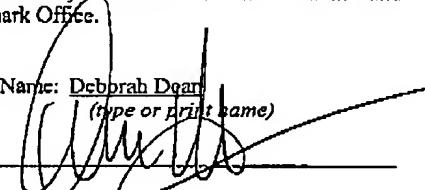
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Depositor's Name: Deborah Dean
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(TRANSAMD.VER1.13-04/30/04)